

"It is," he says, "usually a blowing bruit, most intense at the apex, but often audible over more or less of the præcordial region even to the base; it is not audible behind, is diastolic in time, and always follows immediately upon a well-marked, generally loud, systolic apex bruit of regurgitant type, and occasionally so obscures the second sound that it is not appreciable between the two. It is a to-and-fro bruit at the apex similar in rhythm to the to-and-fro bruit at the base in disease of the aortic valves; and the closeness of this resemblance is shown by the fact that the mitral to-and-fro has several times been considered during life as of aortic origin by experienced auscultators."

This murmur, which is distinct from the presystolic, has been recognized by Marey, Galabin, and Hilton-Fagge, and is thought by these observers to be due to mitral contraction, but in the author's opinion it may sometimes be heard when this is not present. The following is his explanation of its mechanism:—

"The conditions which are necessary for the production of such a bruit de soufflé appear from Marey's experiments above alluded to, to be a septum partially obstructing the auriculo-ventricular opening, and auricular pressure in excess of the ventricular. These are conditions which quite correspond with those present, where the mitral valve is contracted; but it is theoretically possible to conceive that with a hypertrophied left ventricle, the auricular pressure might be raised to such a pitch in regurgitation without obstruction, that if dilatation of the ventricle were also associated with it, an auriculo-ventricular opening of normal dimension, or even larger, might, with its flaps and tendinous ends, play the part of a septum with which to generate a bruit. With reference to an aortic diastolic bruit moreover, it would seem from the experiments of Chauveau that there is no necessity for the presence of any septum for its production. There is a disproportion between the containing cavity—the aorta and the receiving cavity—the ventricle; and there is excess of pressure in the former during early diastole: under such conditions a sonorous 'veine fluide' would be generated as the blood passed from the aorta back into the ventricle. But if this is true with regard to the aortic orifice it is true also, though less generally applicable to the mitral. The left ventricle is capable of a relative dilatation with regard to the auricular ring and mitral flaps, and under these circumstances, therefore, one might expect an occasional bruit de soufflé in the early part of the diastole, when the auricular pressure is high as the result of the regurgitation. The more dilatation, provided that the ventricle is acting sufficiently well to expel its contents completely, the more likely is the diastolic bruit to occur."

From the *Statistical Analysis of the Patients treated in Guy's Hospital during the Year 1877*, we learn that the total number of patients who have participated in the benefits of the hospital during the year amounted to 79,605, of whom 5544 were under treatment in the wards. The figures show a lower mortality than has been recorded since 1868. The deaths during the year amounting to 498, or 9.95 per cent. of the total number.

J. H. H.

ART. XXV.—*St. Thomas's Hospital Reports*. New Series. Edited by Dr. PAYNE and Mr. MAC CORMAC. Vol. VIII. 8vo. pp. xiv., 702. London: J. & A. Churchill, 1878.

THE previous volumes of this series were issued in paper covers, the present volume comes to us bound in muslin—a change which no doubt will be an agreeable one for many of the subscribers. Among the contributions to this volume will be found an unusual number of practical interest, among which may be specially mentioned the papers of Drs. Peacock, Ord, and Harley.

We shall notice the medical and surgical papers separately. First among the

former is a paper by Dr. THOMAS B. PEACOCK, entitled *Statistical Report on Cases of Chorea*, in which he subjects to a critical analysis ninety-two cases of the disease observed by him since the publication of his paper in 1863, in the *British and Foreign Med.-Chir. Review*. Inasmuch as the inferences which the author draws from these cases do not differ materially from those which have been deduced from other similar collection of cases, we shall only refer to a few of the more important of them. Thus a majority of his cases occurred in females, and this difference in the liability of the two sexes to be affected by the disease was noticed as well before as after puberty. In twenty-four cases the patients had had rheumatism, and in two other cases the chorea appeared after the patients had got wet, but the author is evidently of the opinion that the connection which undoubtedly exists between chorea and rheumatism is not to be traced through the heart disease, which is so frequent an accompaniment of the latter. "On the contrary," he says, "in some of the cases in which the attack commenced with rheumatism, the heart's sounds and action were stated to have been quite healthy, and in some of those in which there were decided evidences of heart disease, the patients had never had any rheumatic symptoms either previous to, or during the choreic attack. This seems to indicate that rheumatism rather gives rise to chorea by directly affecting the brain and spinal cord or their membranes, than by causing heart affections, and so secondarily involving the nervous system." Three of the ninety-two cases resulted fatally, the others recovered or improved under treatment.

Mr. WILLIAM H. STONE'S *Remarks on Pleural Tension* seem to have been suggested by the fact that occasionally little or no fluid comes away from the operation of paracentesis thoracis performed only with an ordinary trocar, even in cases where a large amount of effusion is known to exist in the pleural cavity. The paper is doubtless interesting to the student of pneumo-dynamics, but it does not admit of analysis, and we must therefore dismiss it with this brief notice.

The volume contains two papers *On the Treatment of Acute Rheumatism by Salicylate of Soda*. The first of them is contributed by Mr. SEYMOUR JOHN SHARKEY, who gives the results of the treatment of this disease by salicin and its derivatives as observed at St. Thomas's Hospital. The drug, it need hardly be said, is found most useful in acute cases, in which the temperature is high and the pain excessive. In these cases a marked subsidence of these symptoms rapidly takes place—sometimes in less than forty-eight hours after the commencement of the treatment. The author admits that its use may occasion delirium in a few cases, and also in consequence of the profuse diaphoresis to which it gives rise, may be accompanied by a general miliary eruption, which very often becomes pustular. Although it has not the power to prevent cardiac complications, it certainly appears to diminish the liability to them. On the other hand, there is no reason, in his opinion, to attribute to it the albuminuria which is occasionally noticed during its use, since albuminuria is now known to be a frequent attendant upon all diseases characterized by high temperature. For instance, out of ten cases in which albumen was present, seven had it before the drug was administered, and it disappeared in all these, while the urine still gave a strong reaction with the perchloride of iron. The author has also not been able to verify the assertion, which has been recently made, that it gives rise to glycosuria. He prefers the sodium salicylate to salicylic acid because it is more agreeable to the taste, and is generally better borne. He gives it in doses of 20 grs. repeated every two or three hours.

The author of the second paper is Mr. ERNEST H. JACOB, who tabulates one hundred and fifty cases of the disease treated in the wards of the Leeds Infirmary by salicin and its congeners. The effect of the treatment is reported to have been

good in one hundred and three of the cases, moderate in forty-two, and unfavourable in five. In only five of seventy-two cases admitted with healthy hearts did a cardiac complication occur after the medicine was given. In common with Mr. Sharkey, he believes that relapses may occur after this treatment, especially if it be discontinued immediately on convalescence. In the rapidly fatal cases, where delirium and hyperpyrexia are the most prominent symptoms, he has not been able to satisfy himself that it is of the slightest use.

For the sake of convenience we shall next notice an Essay¹ by THEODORE ACLAND, M.A. Oxon, *On Salicylic Acid, with some Observations of the Effect produced by the Drug on the Elimination of Urea*. After narrating the circumstances which led to the discovery of salicylic acid, the author discusses at some length its therapeutical properties and those of salicylate of soda. He shows that while the former possesses antiseptic properties to an eminent degree, the latter is entirely without them. Thus Prof. Thiersch has found that the antiseptic effect of salicylic acid dressings is quite as reliable as that of Lister's carbolic acid. At the same time the salicylic acid has two advantages; it is less irritating, and it is not volatile. It can also be combined in large quantities with the dressing, and the latter can be left on longer than the carbolic dressing without endangering the result. A further recommendation with many will be the fact that salicylic acid is free from smell.

It does not appear to have any antiseptic properties when administered internally, as for instance in pyæmia, which is probably due to the fact that it unites with the alkalies of the blood to form the salicylates, by which a great part of its efficacy is destroyed. The author points out that this effect may be prevented by giving it in combination with the acid potassium sulphate, or with hydrochloric acid, with a view of giving the salts of the blood something with which to combine, while leaving the acid free.

In the treatment of rheumatism the author has found salicylate of soda much more efficacious than salicylic acid. He believes that it is never in the doses in which it is usually given the cause of albuminuria, which frequently disappears under its use, and which is to be regarded simply as a consequence of the high fever. It diminishes the tendency to cardiac complications if given early, and prevents the extension of these when already set up. It likewise reduces the mortality of the disease. Relapses are, however, very apt to occur, especially if the salicylic treatment is not continued for some days after the temperature has been reduced.

In all these points it will be seen he is in accord with the two observers whose papers have already been noticed. He, moreover, comes to the following conclusions: 1. The diminution in the active processes of fever is followed by diminution in the total quantity of urea excreted. 2. The percentage amount of urea excreted remains (where the diet is regular) but little affected by this drug, or reduction of temperature. 3. The reduction of temperature is consequent on diminution of pain. 4. Salicylic acid acts as an opponent of the causes of rheumatic pain, whatever they may be, and only acts secondarily as an antipyretic. 5. The quantity of the urine is diminished directly or indirectly by the drug.

Experience has shown that it is powerless against variola, and that it cannot compete with quinia as a specific against ague and malarial poisons. It has also been proved not to have a beneficial effect on typhoid fever. In fact the author says he has yet to learn that it produces any other results in this fever than "delirium to the patient and disappointment to the physician." This he attributes to the fact that the elimination of urea is lessened by salicylic acid. "In rheumatic fever," he says, "the system can tolerate for a short time the non-

¹ This essay was read before the Physical Society of St. Thomas's Society, and to it was awarded the Society's prize.

elimination of the nitrogenous decomposition products, notably urea, and in enteric fever it cannot. In the one case there is often reduction of temperature and acute delirium. In the other reduction of temperature, and often cure."

One of the most important papers in the volume is *On the Use of the Graduated Bath for the Reduction of High Temperature in Fevers*, and is by Dr. WILLIAM M. ORD, one of the physicians to the Hospital. By the term "graduated bath" is meant a bath in which the temperature of the water at the time of immersion is at some point between 90° and 100° Fahrenheit, and is gradually lowered by from 25° to 30° during an immersion of half an hour's duration. A bath at this temperature, the author contends, is safer than one at 55° or lower, which may often prove dangerous from shock. In common with Politzer (see number of this Journal for October, 1878), he does not attribute all the good effects of the cold bath to its power of reducing the temperature of the body. "It exercises," he says, "in the first instance, a remarkable sedative influence on the nervous system, and in the second place it diminishes the local pain and inflammation." The truth of this opinion is proven by the fact that the excitement, restlessness, and distress so frequently attendant upon fever frequently abate under the influence of the graduated bath long before any considerable reduction of temperature of the body can have taken place. To show that the temperature of the interior of the body is not immediately affected by the cold bath, Dr. Ord performed a number of experiments with a dead body. This was placed, first of all, in a bath at 110°, and then, by means of thermometers placed in different organs or muscles, the temperatures were read off. The water was then gradually cooled to 71°, but, although the body was allowed to remain in the water for three-quarters of an hour, no one of the thermometers indicated a fall in temperature of more than four degrees. The next day the experiment was repeated, and the water allowed to cool until its temperature sank to 50°, when of course a more decided effect was produced, but not so much so as we should have anticipated.

The paper also contains *An Analysis, and Remarks on, Sixty Cases of Enteric Fever treated in St. Thomas's Hospital in the autumn of 1877 and the winter of 1877-1878*. In these 60 cases there were eight deaths, or a mortality of 13.33 per cent. In 15 a relapse took place, and in several others a recrudescence of fever. In regard to relapses the author says that they are most apt to occur in cases characterized by constipation during the original attack or during convalescence, and appears inclined to attribute them to the irritation caused by hard masses of feces moving over a long series of fresh raw surfaces. He therefore considers that constipation may be a greater evil than a moderate amount of diarrhœa, and lays it down as a rule that in every case a movement should be obtained at least as often as once in three days. A moderate degree of diarrhœa he recommends us not to interfere with, but if the number of stools exceed three a day some means should be taken to check them; the author preferring for this purpose morphia suppositories or laudanum injections. Stimulants appear to have been given in very moderate quantities. The highest temperature observed in any of the cases was 106.8°. This was reached two days before death in a case which ended fatally by perforation, and was followed within a few hours by a fall to 97.6°. In this case the temperature was observed to be 103° one hour after death, or 1.4° higher than it was fifteen minutes after death.

In beginning his article *On Simple Meningitis*, Dr. W. S. GREENFIELD calls attention to the fact that many cases which were formerly recorded under the head of simple idiopathic meningitis we should probably now regard as due to tubercular or other disease. There still remains a certain number of cases not arising from local irritation, which we must continue to look upon as simple meningitis.

These, for the sake of convenience, he divides into two classes, one truly primary, the other arising as a complication or sequela of acute disease, or as the result of some blood contamination. The first of these classes is represented by the sporadic cases of cerebro-spinal meningitis occasionally met with in previously healthy adults, and the form which occurs rather more frequently in infancy without known cause. In the second class he places the cases of meningitis which occur in the course of, or as a sequel to, the acute specific fevers, acute pneumonia and rheumatism, acute blood-poisoning, such as pyæmia and septicæmia, or the more chronic blood changes in syphilis and Bright's disease. It is upon the latter class that the author dwells chiefly in this paper.

In regard to the relation of secondary meningitis to the pre-existing disease, the author says that it is a question on which great differences of opinion have existed. He does not think it can always be explained by referring it to the condition of the blood, although this is unquestionably the cause of it in many cases of rheumatism, gout, syphilis, Bright's disease, and pyæmia; for it often occurs in connection with a primary acute pleuro-pneumonia or other serous inflammation, for which no general blood condition can be invoked as a cause, neither can it be explained by the processes of metastasis or embolism. He thinks it therefore not improbable that the first inflammatory process may give rise to an altered condition of the blood which shall predispose to a similar secondary result. He sees in this extension of disease the illustration of a law which in his opinion governs many secondary morbid processes, and which may perhaps be styled that of homologous reactions. "To state it briefly, there is tendency of morbid reactions, whether inflammatory or other, which start in any particular kind of structure to affect other parts of similar structure in the same way, and also, that homologous organs or parts of organs tend to be affected secondarily to each other when diseased processes arise in them." He exemplifies this law by referring to cases of bone and joint diseases in which bones which are homologous but not symmetrical are affected together. A good example of this is found, he says, in rheumatoid arthritis, and sometimes in acute gout, which often affects the homologous joints of the hand and foot in a definite order which is the same in both. In the cases of bone and joint disease which he had observed, it has often been the upper limb of one side and the lower of the opposite side which have been affected together. This homology of affection is seen in diseases of parts which correspond in structure or function, and in the fact that when any particular structure or tissue undergoes a morbid reaction, which has any tendency to become diffused or infective, those organs or tissues which are of the same kind are more liable to take on morbid reaction.

We have thus very briefly sketched the main points of this very suggestive and thoughtful paper, which will be found to be well worth a careful study, as will also the reports of cases, eleven in number, with which it concludes.

In some *Further Remarks on Kakke*, Mr. W. ANDERSON gives *An Account of the Pathology and Morbid Anatomy of the Disease*, thus completing the paper which appeared in the last volume of these Reports and which was noticed in the number of this Journal for January, 1878. It will be remembered that he there expressed the opinion that the principal lesion of the disease would be found to be seated in the brain and spinal cord. The autopsy of the case which he reports in this volume does not entirely sustain him in this opinion. The cerebral and spinal membranes were somewhat congested. On the outer surface of the dura mater in the cervical region were two blood extravasations of considerable extent. On microscopical examination of the brain and spinal cord "no changes were found in the nervous structures, but the capillary vessels were unusually distinct, though empty, and were collapsed in a very irregular manner,

as if after great distension." On the other hand, the mucous membrane of the stomach and bowels was found to be denuded of its epithelium, recalling the condition which is found in cholera. Indeed some of the symptoms observed in the case presented a striking resemblance to those of that disease.

The Case of Croup which Dr. W. S. GREENFIELD reports is chiefly interesting from the fact that it occurred in a child ten months old, and that the operation of tracheotomy which was performed for its relief was successful.

On the second day after the operation the nurse incautiously removed the tube. No bad consequences followed immediately upon this; the wound was nearly closed. At the end, however, of a week, the child's respiration became difficult, and signs of asphyxia began to show themselves. In fact after again opening the wound and introducing a dilator, it was necessary to have recourse to artificial respiration before the child revived. Upon examination of the wound it was found that the first opening had been a valvular one of V shape, and that the tongue thus formed had been pressed backwards into the trachea by the tube. After the removal of the tube there was no dyspnoea until the wound was nearly closed and the swollen subjacent tissues pressed upon the flaps, when the tongue was forced backwards into the trachea.

The tube was removed nine days after the operation, having been left in so long in order to insure complete adhesion of the tracheal flap to the tissues in front. On its removal the voice was natural and the breathing through the larynx easy. Nine months after the operation, the child was doing well and presented no symptoms of stricture of the trachea.

In his paper on *Treatment of Hydatid Disease of the Liver*, Dr. J. HARLEY collects and tabulates 96 cases of the disease, which have been reported, since the publication of his first paper in Volume XLIX. of the *Transactions of the Medico-Chirurgical Society*,¹ and finds in their histories additional confirmation of his opinion that the treatment, which he there maintained as the best is that which has furnished the greatest number of favourable results. It is well known that Dr. Murchison² prefers to puncture the hydatid cyst with a fine trocar, and that Dr. Fagge and Mr. Durham³ have successfully treated the disease by electrolysis, but Dr. Harley says that time has shown that some of the cases reported by these gentlemen were really not cured, but only temporarily relieved, and that this must necessarily be the case with any plan of treatment which does not aim at the discharge of the parent cyst. Besides which, suppuration, followed by pyæmia, may occur in a cyst which had been treated in the manner recommended by Dr. Murchison. Dr. Harley, therefore, holds that a permanent opening should be maintained between the cyst and the air by means of a large canula, which should be replaced by a large elastic catheter as soon as it has been loosened by suppuration. In fact, as soon as possible two catheters should be introduced into the cyst, so that it may be thoroughly washed out by means of them. As an injection, the author prefers a weak solution of iodine.

Of 31 cases which were treated in this way, 18 radical cures are said to have taken place, and 9 deaths occurred. In 2 of the other cases the result was doubtful and in the remaining 2 the cysts discharged their contents through the lungs. As the author admits that some of the "radical cures" are not above criticism, and as 9 cases terminated fatally, we confess that the treatment appears to us to be scarcely justifiable until the means proposed by Dr. Murchison, and

¹ See notice in number of this Journal for July, 1867.

² *Ibid.*, for January, 1869.

³ *Ibid.*, for July, 1872.

by Dr. Fagge and Mr. Durham have failed.' The paper is an interesting one, and its value is much increased by the tables which are appended to it.

Mr. J. F. PAYNE, in his article *On the Classification of Medicines, and especially of General Remedies*, alludes to the absolute necessity of some classification, and to the fact that none of those, as yet proposed, are entirely satisfactory. He divides remedies into, 1st. Those acting upon the body itself; and, 2d. Those acting only upon something in or upon the body. The first class is again to be divided into (a) General, or (b) Organic.

General remedies may be used either for their constitutional or for their local effect. In the first category he places, 1. Nutrients; 2. Tonics; 3. Alteratives. In the second, 1. Superficial stimulants and irritants; 2. Astringents and antiphlogistics; 3. Destructives; 4. Superficial protectives; 5. Emollients and demulcents.

The *Medical Report* for 1876 shows that the total number of patients under treatment in the medical wards of St. Thomas's Hospital, during the year, were 1414, of whom 723 were men, and 691 women. The number of deaths was 256. The report for 1877 shows a slight decrease in the number of patients, the total number being 1371, of whom 747 were women and 624 men. 248 of the cases terminated fatally. These reports derive their chief value from the tables and abstracts of the more important cases which accompany them. J. H. H.

The first paper which belongs to the surgical portion of this volume is one relating *A Case of Intestinal Obstruction, with Remarks on Tapping the Intestine as a means of Cure in Certain Cases*. By W. W. WAGSTAFFE, Assistant Surgeon to the Hospital. The history of this case, though unfortunately lacking in pathological value from the absence of post-mortem results, is possessed of much clinical interest, owing to the long time over which it extends. About a year after an attack of typhoid fever, a young man twenty-five years old, had stoppage of the bowels with colic, which lasted two days. Similar attacks followed at short intervals, and after the fifth one the sufferer became a patient of Mr. Wagstaffe.

Upon examination a slightly movable, decidedly tender tumour, half the size of a hen's egg, could be made out in the right iliac fossa. Under the use of belladonna and a carefully regulated diet no further severe attacks occurred for five months. On May 19, 1875, however, a hearty meal was followed by vomiting, complete stoppage of the bowels, with bronzed skin, foul tongue, and delirium. On the 24th of May Mr. Wagstaffe saw him, and after resorting to the passage of a tube and the ordinary expedients, on the 26th a fine trocar was inserted between the umbilicus and ensiform cartilage, and much gas evacuated. On the next day it was found necessary to tap him again, and no less than four punctures were made before the necessary amount of wind was removed. Soon afterwards the bowels were freely moved, and despite a slight attack of peritonitis produced by great imprudence, the patient made a good recovery. A year later Mr. Wagstaffe was again sent for, but the attack which threatened succumbed to the use of belladonna. Some months afterwards, during the absence of Mr. Wagstaffe, the patient died, and no post-mortem was obtained, but the supposed cause of the fatal issue was an overdose of belladonna.

Mr. Wagstaffe thinks the case was one of contraction of a typhoid ulcer, with adhesions around the cæcum. Mr. Wagstaffe, from the experience of this case,

¹ Of the 46 cases treated by simple puncture, reported by Dr. Murchison, only 3 proved fatal. The results of electrolysis are, as far as they go, still more favourable, for recovery took place in all the cases (8) so treated.

and others, one of which he narrated in the last number of the Reports of his Hospital, thinks that there are cases in which tympanitic distension may be a most urgent symptom, and that, whether acute or chronic, tapping with a fine trocar is attended with but little risk, is especially serviceable where the accumulation has taken place rapidly, and is sometimes a really curative measure. He further thinks that the mechanism can be explained as acting by the removal of pressure from above a valvular closure of the gut, rather than by the mere removal of gas from a temporarily paralyzed bowel. Mr. Wagstaffe refers to the paper of Dr. Fagge in *Guy's Hospital Reports*, vol. xiv., and thinks that the operation is worthy of more extensive trial than has hitherto been accorded to it.

The title of the next paper is one which will at once attract the eye of the student of forensic medicine, who will naturally think that *Notes on the Examinations of the Bodies of Fifty Children Born Dead or shortly Dying*, by ROBERT CORY, M.B., Cantab., Assistant Obstetric Physician to the Hospital, must contain a mass of material of very great value. Upon examination, however, we have found the paper disappointing, for while its first part is occupied with the description of certain pathological changes in the livers of syphilitic children, only its latter and smaller part is concerned with certain observations of the comparative weight of different viscera. Such comparisons as medico-legal tests are confessed to be unreliable; and to such a degree is this the case that they must ever be held under very grave suspicion in a court of law. In three cases with a syphilitic history, small white spots were scattered over the upper border of the right lobe of the liver, which upon section were seen to extend throughout the substance of the organ. Upon microscopical examination these spots were found to have an amorphous centre surrounded by small cells, which gradually increased in size as they approached the normal liver tissue. They were confined to the connecting tissue surrounding the portal veins. In two cases in addition to these small gummata, there were evidences of peritonitis present.

The medico-legal points of the paper are the evidence which can be adduced to prove the live birth of children from the position of the umbilicus, the comparative weight of the viscera, and the relation borne to the weight of the body and weight of the liver by lungs in which no respiration had taken place, where partial respiration had occurred, and where complete respiration had been accomplished.

These various points are summarized in separate tables, which are of value in enabling the medical expert to arrive at a great degree of probability, but do not establish a rule by which he is able, in any given case, to say this case was born alive or that one was born dead. Dr. Cory also found that of nine cases which were dropped from a height of eighteen inches upon a paved floor, in no less than eight were fractures in the course of the lines of ossification sustained. The observations of Dr. Cory have also led him to believe that there is a very constant relation existing between the size of the thymus gland and the development of the osseous centres.

Basing his study upon one hundred and five cases, which occurred in St. Thomas's Hospital within four years, Mr. WILLIAM MAC CORMAC contributes some *Observations on a Series of Dislocations of the Shoulder-joint*. The paper is quite elaborately thought out, but deals rather too much with mechanical details to admit of condensation. Of the entire number of cases, one hundred and four were downwards and forwards, and only one downwards and backwards.

Mr. Mac Cormac thinks that "the more carefully the nature of these dislocations and the method of their production are studied, the more evident it becomes that the most important factor in determining the position of the dislocated bone, and in opposing ill-considered attempts at reduction, is the capsule, and not the

scapular muscles." The case narrated by Sir Astley Cooper, in which one muscle after another was divided in a dead subject before reduction was accomplished, and where all attempts failed until the supra-spinatus was relaxed, is regarded by this author as furnishing conclusive proof that it was the unyielding capsule which was at fault rather than the one dead muscle. However this may be, Mr. MacCormac thinks that all cases can be reduced by manipulation, and in the steps of the process is careful to make such a series of motions as will successively relax the short, strong muscles which have their insertion near the head of the humerus. Mr. MacCormac is an earnest advocate for the use of manipulation as the mode of reduction, and very properly discards the use of pulleys, thinking that even in long-standing cases they can accomplish no more than will follow skilful manipulation. With this view few surgeons will differ, and in America none at all. When the writer of this notice was young in the profession, pulleys, Jarvis's adjuster, and other rude mechanical devices, were still occasionally resorted to by surgeons; but while their reign was over in America, and they bowed before the very superior means first methodized by Prof. H. H. Smith, for many years they continued to dominate over the minds of English surgeons whenever a dislocated shoulder presented itself. Now, however, the Yankee invention has made its way to England through the Continent of Europe, and we presume Mr. MacCormac speaks the sentiments of many of his confrères in advising the general resort to its aid.

In cases of too long standing to make attempts at reduction justifiable Mr. MacCormac following Billroth, recommends resection of the head of the bone whenever from pressure upon the nerve trunks the pain is unbearable. An interesting case where this plan was adopted is given.

Considerable space is given to a consideration of the very rare accident of a backward dislocation. Of this one case occurred in the series of hospital cases and one other is referred to as having been seen by the author in private practice.

As would naturally be expected this paper contains not much that is new, but presents a valuable study of the subject, and being founded upon the practice of the house finds a fitting place in a volume of hospital reports.

The next paper is by Mr. EDWARD NETTLESHIP, Ophthalmic Surgeon to the Hospital, on *Cases in Ophthalmic Practice with Notes and Observations*. The cases recorded are fourteen of syphilitic choroido-retinitis, ten of detachment of the retina, and disease of the vitreous, and six cases of abscess in the outlying lobules of the lachrymal gland, sometimes known as the "Inferior Lachrymal Gland." It is noticeable that in the second series of cases there was no evidence of the trouble having been produced by sexual exhaustion as suggested by Mr. Hutchinson in the *Ophthalmic Hospital Reports*, vol. ix.

A third series of *Anatomical Variations* is contributed by Mr. WAGSTAFFE and Dr. REID. There were but thirty-one bodies dissected, and a large number of unusual anatomical features were observed and are recorded in this paper. Much the larger number were of course found in the muscular system and possess but little interest out of the dissecting room. We notice one case of variety in vascular supply both rare and interesting, namely, one in which, in addition to a normal right bronchial artery, there was one supplied to the lung from the right internal mammary. In another case there were observed irregularities in the distribution of the thyroid arteries on one side.

On a possible Source of fallacy in Measurement of the Lower Limbs, by W. W. WAGSTAFFE, is the title of the next paper. Its author thinks that not nearly enough attention has been paid to the influence exerted upon measurement by tilting of the pelvis. It seems to us that this neglect is overstated; for certainly most teachers of surgery, in this country at least, do give most explicit, and gene-

rally accurate directions, as to the steps that must be taken to secure an exact result. No student who attended the practice of the Pennsylvania Hospital and witnessed the minute and painstaking care which was observed in the measurement of a case of broken thigh would ever be likely to pass the subject by as unimportant. Nor has there been less attention devoted to this matter in kindred institutions in the United States, as is well evidenced by the many articles which have been written and the sometimes acrimonious differences of opinion which have been entertained by practitioners of surgery on this side the sea. Here at least there has been a full appreciation of the importance of the position of the pelvis before a measurement of one of the lower limbs is attempted. To prove his point Mr. Wagstaffe instituted some experimental measurements, which as recorded in his paper show that when the pelvis is tilted upon that side the limb will measure about one inch more than its fellow. The same point is further illustrated by a diagram.

Some of the surgical cases which were included in the *Solly Medal Prize Essay* for 1878, by Mr. C. E. SHEPPARD, form a very interesting paper. This medal and prize was founded in commemoration of the late Samuel Solly, and this paper gives evidence of the good effects produced by the institution of a prize inviting competition. The cases while individually interesting have no connection with each other. They are a *subcutaneous venous aneisma of the thigh* which was successfully removed by incision; a case of *lymphadenoma* which surrounded the anus, and extended up into the pelvis, which terminated fatally; a case of *concussion* which died; one of *compound fracture of the skull*, and one of *separation of lower epiphysis of femur*. As will be seen, at least three of these cases were very rare, and they are recorded in a most admirable manner, but the limits of this notice forbid any attempt at an analysis of them, and we can only commend them to the notice of our readers with the assurance that their interest will well repay for the perusal of the article.

The two remaining surgical articles are the *Surgical Reports* for 1876 and 1877, by CHARLES HENRY NEWBY, Surgical Registrar. 1745 cases were treated in 1876, and 1891 cases in 1877 on 220 surgical beds. The percentage of deaths in 1876 was 7.74, in 1877, 8.56. The Bavarian plaster dressing was largely used in fractures, and carron oil preserved its place in the treatment of burns. It is said that the attempt in 1876 to lower temperature by subcutaneous injections of carbolic acid failed, especially in cases of pyemia. Thomas's splint has been found invaluable in cases of injury or excision of the hip-joint, and Sayre's splint for spinal curvature has been recently adopted with much relief to the patients. Erysipelas prevailed extensively in 1877 despite every precaution, in the two wards which were nearest the infectious diseases wards, and the two wards where it was most commonly present were often overcrowded. One case of farcy occurred in 1876. The contagion was derived from contact with a glandered horse one month before admission. The patient had a scratch upon his hand at the time of his exposure, and succumbed to the disease 37 days after his admission into hospital. The majority of the pyæmic abscesses from which he suffered were superficial in their location.

These surgical Reports are most valuable statistical records, and the elaborate summaries which accompany the tables present a most instructive picture of the surgical practice of this great hospital. We can conceive of no better method of keeping hospital records, and it is one which our American institutions would do well to follow. If in the annual reports which are usually presented to their patrons by similar corporations in this country were contained such a summary of diseases and injury in classes, they would prove of much value to the profession, and much less inevitably find their way to the waste basket than they now do.

Appended to the Surgical Registrar's Report is an exceedingly brief table of ophthalmic cases by S. BERNAYS. These *Statistics of the Eye Department* include the practice of five years, and as they are all contained in one page are too condensed to be of any use, and are not calculated to elevate our ideas of the importance of a department in which during those years 11,479 cases were treated.

As a whole, most of the surgical papers are of value as presenting a history of the actual work done in Saint Thomas's Hospital, although they form the smaller part of this bulky volume. It is noticeable that but a small portion of the surgical staff are contributors.

S. A.

ART. XXVI.—*The Principles and Practice of Surgery, being a Treatise on Surgical Diseases and Injuries.* By D. HAYES AGNEW, M.D., L.L.D., Professor of Surgery in the Medical Department of the University of Pennsylvania. In two volumes. Vol. I. Imp. 8vo. pp. x., 1062. Philadelphia: J. B. Lippincott & Co., 1878.

SINCE it became known that Professor Agnew of the University of Pennsylvania had in press a work upon Surgery, the profession of the country has been rather impatiently awaiting its appearance, and it is perhaps for this reason that the volume before us, the first part only of the promised work, has been issued at the present time. In a little over a thousand pages the author has treated of surgical diagnosis, inflammation, wounds, injuries of the head and chest, the diseases and injuries of the abdomen, bloodvessels, and osseous system. The limited time at our disposal will only permit of our noticing a few things that have attracted our attention in a rather hurried glance over the work.

The definition of inflammation ("hypernutrition carried on under such an extravagant plenum of supply that the germination and mutation of cell life are generally too hurried to mature, and are therefore unstable and short-lived"), accurate and concise as it may be, will we fancy prove somewhat confusing to many a student, who may have occasion to study the chapter upon this subject. Under the head of treatment, a good word is spoken for poultices, "applications of great value especially when the object is to favour suppuration, for which purpose nothing else can answer so well." Setons, issues, moxas, and the hot iron are pronounced "heroic remedies that have gone much out of fashion. . . . Now and then some one fond of lingering about the mausoleums of ancient medicine, and bringing to light their rude weapons of torture, attempts to revive and popularize their use; but I do not think I misrepresent professional sentiment in America by saying, save in exceptional cases of a chronic nature, let them rest in peace." Bloodletting is regarded favourably, though, as "it is a potent remedy," it should be used with the greatest judgment; and mercury is placed "among our most valuable resources. We have no remedy which so modifies or arrests inflammatory phenomena, or which so certainly insures the removal of inflammatory products, as this much-abused agent."

The origin of pus is declared "probably twofold; first and principally from the vessels, migrated leucocytes or white blood-corpuscles; and secondly from the stable connective tissue corpuscles, rendered again active by the inflammatory transudation." The germ-theory of suppuration is neither definitely accepted nor rejected. In answer to the question, "Are all the symptoms which follow the opening of a chronic abscess to be referred exclusively to the admission of air and septic matters?" it is stated, "I believe that they are not; I find them to follow the use of aspirators as certainly as when other means are resorted to." Again,